

Colorado's Essential Health Benefit Benchmark Plan

Introductory Webinar
June 2012

Presented by:



**OFFICE OF THE GOVERNOR
STATE OF COLORADO**

Introductions:

Partner Organizations & Presenters

- ▶ Division of Insurance
 - Commissioner Jim Riesberg
- ▶ Colorado Health Benefit Exchange
 - Patty Fontneau, Executive Director & CEO
- ▶ Governor's Office
 - Lorez Meinhold, Policy Director

Goals of Today's Webinar

- ▶ Discuss federal and state approaches to selection of Essential Health Benefits (EHBs)
- ▶ Introduce Colorado-specific options for an EHB benchmark plan
- ▶ Establish a framework to come to a shared decision that is best for Colorado
- ▶ Answer common questions about Colorado's selection process and collect additional questions

Colorado's Proposed Process

- ☒ Compile Information on Benchmark Options
- ☒ Introductory Webinar
- ☐ Public Meetings
 - Wednesday, July 18, 10am–12pm: National Jewish Health
 - Tuesday, July 31, 1–3pm: History Colorado Center
- ☐ Public Comment Period
 - Through Sunday, August 5, 2012
- ☐ Proposed Recommendation
- ☐ Further Stakeholder Engagement

Background

- ▶ Affordable Care Act – Sec. 1302(b)
 - Requires U.S. Department of Health & Human Services (HHS) to define EHBs
 - Lists ten categories of services that must be covered

- ▶ HHS has given states some flexibility
 - Each state must choose from set of existing plans
 - Selected plan will become EHB “benchmark”
 - HHS has issued Bulletin and FAQs
 - Bulletin: http://cciio.cms.gov/resources/files/Files2/12162011/essential_health_benefits_bulletin.pdf
 - FAQs: <http://cciio.cms.gov/resources/files/Files2/02172012/ehb-faq-508.pdf>

Ten Required Benefit Categories

- ▶ Ambulatory patient services
- ▶ Emergency services
- ▶ Hospitalization
- ▶ Maternity and newborn care
- ▶ Mental health and substance use disorder services, including behavioral health treatment
- ▶ Prescription drugs
- ▶ Rehabilitative and habilitative services and devices
- ▶ Laboratory services
- ▶ Preventive and wellness services and chronic disease management
- ▶ Pediatric services, including oral and vision care

Benchmark Plan Options

- ▶ States can choose from the following plans:
 - One of the three largest small group plans in the state
 - Largest HMO plan in the state's commercial market
 - One of the three largest state employee health plans
 - Colorado has only two employee plan options
 - One of the three largest federal employee health plans
- ▶ “Largest” is measured by total enrollment during First Quarter 2012 (January–March 2012)

Benchmark Plan Considerations

▶ Parameters

- States cannot create a benchmark “from scratch”
 - Must select from existing benefit designs within specified categories already in the market
- If a state does not select a plan by the deadline, default becomes the largest small group plan

What will it mean to select a benchmark plan?

- ▶ Starting in 2014, benefits in the benchmark will be required in many insurance plans
 - Applies to individual and small group plans offered:
 - Inside the Exchange
 - In the insurance market outside the Exchange
 - Does not apply to:
 - “Grandfathered” plans
 - Large group plans
 - Self-insured plans
- ▶ Benchmark will apply to plans in 2014–2015
 - HHS has not yet determined approach for selecting EHBs that will apply to plans in 2016

What will it mean to select a benchmark plan?

- ▶ Benchmark selection only includes benefits
 - It does not include deductibles, co-pays, or other cost-sharing provisions of plan
- ▶ There will still be some variation among plans
 - Carriers must provide benefits that are “substantially equal” to benchmark plan benefits (based on actuarial value)

Colorado's Benchmark Options

(1 of 2)

- ▶ One of the three largest small group plans in the state

Option	Carrier	Plan	Enrollment
A	Kaiser	Ded/CO HMO 1200D	13,703
B	United	Choice Plus Balanced 200	10,021
C	Anthem BCBS	Luminos HSA \$5000/100% NGF	7,218

- ▶ Largest HMO plan in the state's commercial market

Option	Carrier	Plan	Enrollment
D	Kaiser	Ded/CO HMO 1200D	52,381

Colorado's Benchmark Options

(2 of 2)

- ▶ One of the three largest state employee health plans

Option	Carrier	Plan	Enrollment
E	Kaiser	State Employee Plan	13,253
F	United	State Employee Plan	8,725

- ▶ One of the three largest federal employee health plans

Option	Carrier	Plan	Enrollment
G	BCBS	BCBS Standard (RI 71-005)	NA
H	BCBS	BCBS Basic (RI 71-005)	NA
I	GEHA	GEHA Plan Standard (RI 71-006)	NA

EHB Benchmark Comparison Chart

- ▶ Materials available at:
 - <http://www.getcoveredco.org/Resources/Essential-Health-Benefits>
 - <http://www.dora.state.co.us/insurance/what/what.html>
- ▶ Please open .pdf now, if possible
 - Formatted to print on nine legal-size pages

Colorado's EHB Benchmark Plan Options

Benefits listed by ten ACA-required benefit categories											
Optim Reference: Carrier & Plan Name: Enrollment:	Three Largest Small Group Plans			Largest HMO	State Employee Plans		Three Largest Federal Employee Plans			Mandates	
	A	B	C	D	E	F	G	H	I	Colorado Mandate	Federal Mandate
	Kaiser Ded/CO HMO 12000	United Choice Plus Balanced 100	Anthem BCBS Lumina RSA \$5000/1002	Kaiser Plan A230	Kaiser State Employee Plan	United State Employee Plan	BCBS Plan Standard [RI 71-005]	BCBS Plan Basic [RI 71-005]	GENA Plan Standard [RI 71-006]		
	15,703	10,081	7,316	52,361	15,253	6,725	N/A - #1	N/A - #2	N/A - #3		
I. AMBULATORY PATIENT SERVICES											
a. Primary care to treat illness/injury	✓	✓	✓	✓	✓	✓	✓	✓	✓		FB
b. Specialist visits	✓	✓	✓	✓	✓	✓	✓	✓	✓		
c. Outpatient surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓		
d. Chiropractic (therapeutic, adjustment, manipulative)	NO(3)	✓	✓	NO	✓	✓	Limit 12 visits/yr.	Limit 20 visits/yr.	Limit 12 visits/yr.		
e. Chemotherapy services	✓	✓	✓	✓	✓	✓	✓	✓	✓		
f. Radiation therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓		
g. Home health care	✓	✓	✓	✓	✓	✓	Limit 25/yr., limit of 2 hrs./visit	Limit 25/yr., limit of 2 hrs./visit	Limit 50/yr.	CB	
h. Access to clinical trials	Not specified, but certain experimental procedures not covered	✓	✓	NO	Not specified, but certain experimental procedures not covered	✓	✓	✓	✓	CB	FB
i. Genetic evaluation & counseling	Excluded, but available upon referral to identified specialty for hereditary or otherwise derived medical conditions	✓	✓	NO	NO	✓	✓	✓	NO		
j. Outpatient diagnostic lab, x-ray, and pathology	✓	✓	✓	✓	✓	✓	✓	✓	✓		
k. Infertility treatment services	NO	NO	✓	✓	✓	✓	✓	✓	limit 3,000/yr.		
l. Sterilization	Not Specified	NO for voluntary	NO	Not Specified	✓	NO	✓	✓	✓		

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Chart Overview

Each option has been given a letter for discussion purposes (eg, the Kaiser State Employee Plan is letter "E").

Each of CO's 9 EHB benchmark options is listed by carrier (insurer), plan name, and enrollment.

A single column is dedicated to each option, which are sorted by type (eg, small group, HMO, gov't employee).

If a benefit is currently required to be covered by state or federal law, it is listed in these two rows.

Benefits are listed in order of the 10 ACA Benefit Categories (in blue row). Detailed benefits are listed underneath each category header.

Each box indicates whether a plan option does or doesn't cover a particular benefit, as well as whether there are quantitative limits (eg, visits/year). Data was provided by carriers.

Colorado's EHB Benchmark Plan Options

Benefits listed by ten ACA-required benefit categories

Option Reference:	Three Largest Small Group Plans			Largest HMO	State Employee Plans		Three Largest Federal Employee Plans			Mandates	
	A	B	C	D	E	F	G	H	I	Colorado Mandate	Federal Mandate
Carrier & Plan Name:	Kaiser DOD/CO HMO 1260D	United Choice Plus Balanced 100	Anthem BCBS Lumencor NSA \$5000/1002	Kaiser Plan A230	Kaiser State Employee Plan	United State Employee Plan	BCBS Plan Standard [RI 71-003]	BCBS Plan Basic [RI 71-005]	GENA Plan Standard [RI 71-006]		
Enrollment:	15,705	10,021	7,218	52,581	15,253	6,725	NA - \$1	NA - \$2	NA - \$3		
1. AMBULATORY PATIENT SERVICES											
a. Primary care to treat illness/injury	✓	✓	✓	✓	✓	✓	✓	✓	✓		FB
b. Specialist visits	✓	✓	✓	✓	✓	✓	✓	✓	✓		
c. Outpatient surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓		
d. Chiropractic (therapeutic, adjunctive, manipulative)	NC(3)	✓	✓	NC	✓	✓	Limit 12 visits/yr.	Limit 20 visits/yr.	Limit 12 visits/yr.		
e. Chemotherapy services	✓	✓	✓	✓	✓	✓	✓	✓	✓		
f. Radiation therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓		
g. Home health care	✓	✓	✓	✓	✓	✓	Limit 25/yr., limit of 2 hrs/visit	Limit 25/yr., limit of 2 hrs/visit	Limit 50/yr.	CB	
h. Access to clinical trials	Not specified, but certain experimental procedures not covered	✓	✓	NC	Not specified, but certain experimental procedures not covered	✓	✓	✓	✓	CB	FB
i. Genetic evaluation & counseling	Excluded, but available upon referral if inherited susceptibility for breast cancer or otherwise deemed medically necessary	✓	✓	NC	NC	✓	✓	✓	NC		
j. Outpatient diagnostic lab, x-ray, and pathology	✓	✓	✓	✓	✓	✓	✓	✓	✓		
k. Infertility treatment services	NC	NC	✓	✓	✓	✓	✓	✓	limit 3,000/yr.		
l. Sterilization	Not Specified	NC for voluntary	NC	Not Specified	✓	NC	✓	✓	✓		14

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EHB Benchmark Objectives

- ▶ An optimal plan would:
 - Include state-mandated benefits
 - Avoid additional cost to state
 - Maintain consistency with will of legislature
 - Provide coverage in required categories
 - Be minimally disruptive to the market
 - Promote carrier and consumer participation
 - Balance comprehensiveness and affordability

Questions

- ▶ We will be addressing six common questions on this webinar
- ▶ You may submit additional questions via chat, which will be answered in an FAQ posted on our websites:
 - www.dora.state.co.us/insurance
 - www.Colorado.gov/HealthReform
 - www.getcoveredco.org
- ▶ You may submit questions via email to:
 - ehb@dora.state.co.us

Common Questions

Q: Which benchmark options do state mandates apply to?

A: Benefits mandated by state law apply to options A–F, which include small group plans, the HMO, and state employee plans. They do not apply to federal employee plans, and coverage may differ in those plans.

Common Questions

Q: What if Colorado adds mandated benefits through statute in 2013 or beyond?

A: The state will have to pay for any mandates added after December 31, 2011 and incorporated into the Essential Health Benefits plan, regardless of whether a particular mandate falls within a category of benefits required by the ACA.

Common Questions

Q: What happens if we don't make a decision about an EHB benchmark plan?

A: If a state neglects to make a decision and submit it to HHS before October 1, 2012, HHS will impose a “default” EHB benchmark option. This default option will be the largest small group plan by enrollment. For Colorado, that is option A, Kaiser's small group plan.

Common Questions

Q: Who is responsible for making this decision?

A: Our goal is to select the plan that's best for Colorado. We will strive to collectively choose the option that is best for the majority of Coloradans.

Common Questions

Q: What if one of the ten required categories in ACA isn't covered in our selected benchmark plan?

A: If our selected benchmark is missing a category of benefits required by ACA (eg, pediatric oral and vision), HHS has a substitution method that allows us to “plug in” whole benefits from one of the other benchmark options.

Common Questions

Q: What happens after a benchmark plan is selected?

A: After Colorado chooses a benchmark, HHS will determine if the benchmark meets ACA requirements. Then, Colorado carriers will be given details about the benchmark and asked to price that plan. In that process, carriers will be allowed some flexibility to change particular benefits, but the benefits must remain “substantially equal” to the benchmark.

Next Steps

- ▶ FAQ will be posted on website
 - Based on questions submitted via chat during webinar or by email to ehb@dora.state.co.us
- ▶ Public Meetings
 - Weds., July 18, 10am–12pm: National Jewish Health
 - Tues., July 31, 1–3pm: History Colorado Center
- ▶ Public Comment Period
 - Through Sunday, August 5

More Info on Public Comments

- ▶ Public comments will be accepted through August 5
 - Only written comments will be considered
 - Submit comments via email to ehb@dora.state.co.us
- ▶ Please include any preferences for specific plan
 - By selecting a specific plan, like “Plan A” or “Plan G”
 - By selecting a type of plan, like “the small group plans,” “an HMO plan,” or “a government employee plan”
- ▶ Please address benchmark objectives
 - Include state-mandated benefits
 - Provide coverage in required categories
 - Be minimally disruptive to the market
 - Promote carrier and consumer participation
 - Balance comprehensiveness and affordability
- ▶ Also consider commenting on HHS guidance directly
 - Via email: essentialhealthbenefits@cms.hhs.gov

Thank you